

APPLICATION FOR COPY OF VITAL RECORD

Number of copies requested: Certified (\$10.00 each): uncertified copy (\$0.25):

Birth Certificate

Full Name on Birth Certificate:

Date of Birth:

County of Birth:

Name of Father:

Full Maiden Name of Mother:

Death Certificate

Name of Deceased:

Date of Death:

County of Death:

Marriage Certificate

Name of Applicant 1:

Name of Applicant 2:

Date of Marriage:

Your relationship to the record you are requesting: (Check One)

<input type="checkbox"/> Self	<input type="checkbox"/> Parent/Step-parent	<input type="checkbox"/> Other (for non-family use only)
<input type="checkbox"/> Spouse (Current)	<input type="checkbox"/> Grandparent/Grandchild	
<input type="checkbox"/> Brother/Sister	<input type="checkbox"/> Authorized agent, attorney or legal representative	
<input type="checkbox"/> Child	of the person listed in 1-6 (proof is required)	

I hereby certify that all the above information is true to the best of my knowledge. Note: It is a felony violation of North Carolina Law (G.S. 130A-26A) to make a false statement on this application or to unlawfully obtain a certified copy of a birth certificate.

Signature of Person applying for Certificate

Printed Name of Person Applying for Certificate

Street Address

Date

City, State and Zip Code

Telephone Number

Office Use Only: Volume Page

Amount Received: \$ Identification furnished: